



**ENERGY AND ENVIRONMENT CABINET**

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
200 FAIR OAKS LANE, SECOND FLOOR  
FRANKFORT, KY 40601  
TELEPHONE NUMBER 502-564-6716**

**Application for a Minor Modification  
To a Formal Solid Waste Permit  
Form DEP 7017 (12/09)**

Statutes and regulations may be viewed online at the following website  
address: <http://www.lrc.ky.gov/search.htm>

Solid waste application forms are available at the following website  
address: <http://www.waste.ky.gov>

**DWM OFFICAL USE ONLY**

AI#: \_\_\_\_\_

Application #: \_\_\_\_\_

## **GENERAL INSTRUCTIONS**

- 1. APPLICABILITY** – This form must be completed and submitted to the Cabinet by persons who propose to apply for a minor modification of a formal permit.
- 2. ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management (DWM), Solid Waste Branch at the address listed above, or by calling 502-564-6716.
- 3. SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and two (2) copies of the completed form to the DWM at the address listed above. If an item is not applicable, write “N/A” in the space provided.
- 4. FEES** - Applicants must submit the appropriate filing fee at the time of application submittal in accordance with 401 KAR 47:090, Section 2.
- 5. LAWS AND REGULATIONS** – Applicants are expected to understand and comply with all laws and regulations applicable to the facility.

To assist you in the submittal of a complete and accurate application, the Division has identified the most common errors made in the review process. These errors are listed below for your convenience.

1. Failure to provide the appropriate fee. See 401 KAR 47:090, Section 2. (6)(a).
2. Failure to complete the application.
3. Failure to comply with public notice requirements. See KRS 224.40-310 and 401 KAR 47:140, Section 7 for more information.
4. Failure to comply with Financial Assurance requirements. If the existing financial assurance is insufficient to fully cover current closure and post-closure costs, updates will be required.
5. Failure to properly sign and notarize the application. An individual with signature authority for the applicant as defined by KRS 224.01-010(44) and 401 KAR 47:160 must sign and notarize the appropriate signature sections of the application.
6. Failure to provide appropriate, fully completed attachments. Maps, drawings, narratives or any attachments that lack sufficient detail or drawings that are not signed, dated and sealed by a professional engineer or geologist may cause delays in the review and approval of the application.



# Application for a Minor Modification to a Formal Solid Waste Permit

## General Information

**1. Agency Interest #:**

2. Permit #: \_\_\_\_\_

3. Fee submitted: \$  . 

4. Check or Money Order #:

**5. Method of payment:**



Check

11

## Money Order



Cash



Exempt (Publicly Owned Facility)

## Applicant Information

**6. Permittee Name:**

(This refers to the corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)

**7. Permittee Mailing Address:**

**8. City:**

**9. State:**

**10. Zip Code:**

## 11. Contact Person:

**12. Title:**

**13. E-Mail Address:**

**14. Phone #:**        -        -        ext.

**15. Cell #:**        -        -

**16. Fax #:**        -        -        -

## Facility Information

**17. Facility Name:**

**18. County:**

### 19. Facility Location:

(Provide the street or physical location. Do not use P. O. Box #'s, etc.)

**20. City:**

**21. Zip Code:**

## 22. Facility Contact:

**23. Title:**

**24. E-Mail Address:**

**25. Phone #:**        -        -        ext.

**26. Fax #:**            -            -

27. Cell #:            -            -



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| <b>Preparer Information</b> |
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(Complete items 28 – 37 if the following information concerning the person preparing this application is different from the contact persons named in items 11 and 22.)

28. Preparers Name:

29. Company:

30. Mailing Address:

31. City:

32. State:

33. Zip Code:

34. E-mail Address:

35. Phone #:        -        -        ext.

36. Cell #:        -        -

37. Fax #:        -        -

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| <b>Attachments and Descriptions</b> |
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38. Type of modification you are seeking:

- ☐ A vertical expansion of less than two (2) years
- ☐ A Groundwater Assessment Plan
- ☐ A Groundwater Corrective Action Plan
- ☐ A modification to the Groundwater or Surface Water Monitoring Plan
- ☐ A modification to the sediment pond design
- ☐ A modification to the alternate daily cover
- ☐ A modification to the leachate collection system
- ☐ A modification to the Closure Plan
- ☐ A modification to change the name of the owner or facility
- ☐ A modification to change the closure or post closure cost estimate
- ☐ A modification to change the permit boundary other than waste boundary
- ☐ Other (describe):

39. Provide, as **Attachment 1**, a detailed description of the permitting action you are seeking.

40. Provide, as **Attachment 2**, appropriate drawings, calculations, maps, cross-sections, etc.

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| <b>Certification</b> |
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**41. Pursuant to 401 KAR 47:160, Section 6**, a person with signature authority such as a sole proprietor, owner, partner, corporate officer, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement.

**NOTE: Consultants may not sign the following certification statement.**

**“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”**

Name of Person Signing (type or print): \_\_\_\_\_

Title of Person Signing: \_\_\_\_\_

Date:     -     -

Signature per 401 KAR 47:160: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year 20\_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ My commission expires: \_\_\_\_\_

